

Open Enrollment: April 13 – May 8, 2015Maricopa County Employee Benefits Program





Agenda

- Goals
- * **ACTIVE** Open Enrollment
- Benefit Plan Changes
- Wellness Changes
- Other Changes
- Rates
- Available Tools and Resources
- What's New in the System?
- **❖** Did You Know?
- Reminders
- Questions





Goals

- **Attract and retain quality employees**
- Maintain competitive benefits package
- **❖** Offer choice while managing costs
- Focus on preventive care and core benefits
- Simplify plan design and administration
- **❖** Implement changes required by the Affordable Care Act (ACA)
- ***** Communicate benefit options effectively





ACTIVE Open Enrollment

Access the Benefit Enrollment System

- ✓ Make your benefit elections
- ✓ Add dependents to coverage
- ✓ Elect the Flexible Spending Account(s)
- ✓ Make contributions to a Health Savings Account

What happens if I don't complete Open Enrollment?

- **❖** You will be enrolled in **Employee-Only Coverage**
 - Cigna HMO Plan
 - **❖** Catamaran Co-Insurance Prescription Plan
 - ❖ Magellan Behavioral Health Plan

You <u>must</u> take action, even if you currently waive benefits.



Medical Plan Changes

If you are currently enrolled in a medical plan and you take no action during Open Enrollment, your medical plan coverage will be as follows:

Coverage for 2014-2015

Coverage for 2015-2016

Cigna HMO (Cigna Medical Group)



Cigna HMO

UnitedHealthcare PPO



Cigna HMO

UnitedHealthcare HDHP with H.S.A.



Cigna HMO

WAIVE



Cigna HMO

Access the ADP Benefit Enrollment System to make your <u>own choice</u>.

7





Medical Plan Changes

Cigna HMO

❖ In-Network Mental Health and Substance Abuse out-of-pocket expenses (copays, coinsurance) for covered services included under **Medical** Out-of-Pocket Maximum

❖ Alternative Medicine Benefitstransitioning to discount programs available through health plans



Medical Plan Changes

UnitedHealthcare PPO

- **❖ In-Network** Mental Health and Substance Abuse out-of-pocket expenses (copays, coinsurance) for covered services included under **Medical** Out-of-Pocket Maximum
- **❖ Alternative Medicine Benefits** transitioning to discount programs available through health plans
- **❖ Out-of-Network** co-insurance percentage changing from 70/30 *to* 50/50



Medical Plan Changes

UnitedHealthcare HDHP Changes:

- **❖ Alternative Medicine Benefits** transitioning to discount programs available through health plans
- **❖ Out-of-Network** co-insurance percentage changing from 70/30 *to* 50/50
- **❖ In-Network** Deductibles increasing:
 - **❖** From \$1,250 to \$1,500 (Individual)
 - ***** From \$2,500 to \$3,000 (Family)
- Out-of-Network Deductibles increasing:
 - **❖** From \$2,500 to \$3,000 (Individual)
 - ***** From \$5,000 to \$6,000 (Family)

EMPLOYEE BENEFITS OPEN ENROLLMENT APRIL 13 - MAY 8, 2015



Medical Plan Changes

UnitedHealthcare HDHP Changes

- **❖ In-Network** Out-of-Pocket Maximum increasing:
 - **❖** From \$2,000 to \$3,000 (Individual)
 - **\$** From \$4,000 to \$6,000 (Family)

- Out-of-Network Out-of-Pocket Maximum increasing:
 - **❖** From \$4,000 to \$6,000 (Individual)
 - ***** From \$8,000 to \$12,000 (Family)
- **H.S.A. Contribution** Limits increasing:
 - **❖** From \$3,300 to \$3,350 (Individual)
 - ***** From \$6,550 to \$6,650 (Family)



Prescription Plan Changes

Optum Rx Prescription Plan

Enrolled in the United Healthcare HDHP Medical Plan

- Annual Formulary Change
- Smoking Cessation products covered

Catamaran Co-Insurance Prescription Plan

Enrolled in the Cigna HMO or the United Healthcare PPO Medical Plans

- Annual Formulary Change
- Smoking Cessation products covered
- Minimum co-insurance being eliminated on applicable prescription tier levels
- ❖ For Specialty Preferred and Non-Preferred Brand (30-day), \$100 copay changing to co-insurance



Prescription Plan Changes

Catamaran Co-Insurance Prescription Plan:

Co-Insurance Percentages changing as follows:

TIER	FROM	ТО
Generic Mail Order 90	15%	25%
Preferred Brand Retail 30	30%	25%
Preferred Brand Retail 90	30%	25%
Specialty Preferred Brand Mail Order 30	\$100 copay	25%
Specialty Non-Preferred Brand Mail Order 30	\$100 copay	50%



Prescription Plan Changes

Catamaran Co-Insurance Prescription Plan

& Cap on Co-Insurance Amount for all Tiers

MAXIMUM CAP PER TIER	PY 2014-15	PY2015-16
Generic Retail 30	\$12	\$18
Generic Retail 90	\$36	\$54
Generic Mail Order 90	\$28	\$42
Preferred Brand Retail 30	\$40	\$60
Preferred Brand Retail 90	\$120	\$180
Preferred Brand Mail Order 90	\$70	\$105
Non-Preferred Brand Retail 30	No Max	\$110
Non-Preferred Brand Retail 90	No Max	\$330
Non-Preferred Brand Mail Order 90	No Max	\$275
Specialty Preferred Brand Mail Order 30	\$100 Copay	\$105
Specialty Non-Preferred Brand Mail Order 30	\$100 Copay	\$275



Behavioral Health Plan Changes

United Behavioral Health Plan

Enrolled in the United Healthcare HDHP Medical Plan

❖ Autism Spectrum Disorder covered along with the Applied Behavioral Analysis (ABA)

Magellan Health Services

Enrolled in the Cigna HMO or the United Healthcare PPO Medical Plans

- **❖ Coaching/Counseling** for bariatric surgery being eliminated (covered through medical plan)
- ❖ In-Network Mental Health and Substance Abuse out-of-pocket expenses (copays, coinsurance) for covered services included under Medical Out-of-Pocket Maximum



Flexible Spending Account Changes

Health Care Flexible Spending Account

❖ Allowable annual employee contribution limit increasing from \$2,500 **to** \$2,550

Limited Scope Flexible Spending Account

❖ Allowable annual employee contribution limit increasing from \$2,500 **to** \$2,550



Short-Term Disability Plan Changes

Sedgwick Short-Term Disability Plan

- **❖ No Donations** of vacation leave (to be used for sick leave purposes) allowed once an employee is on short-term disability
- ❖ Disability Benefits available for veterans who have an injury or illness that is a "result from war or act of war" (if they are not otherwise receiving other income including disability benefits through the government)





Wellness Changes

Healthy Pregnancy Programs Incentives

- **❖** 1st Trimester from \$150 to **\$500**
- **❖** 2nd Trimester from \$75 to **\$250**

Diabetes Management Program

Provider Visit Copay reimbursement feature being eliminated

StayWell

- * **NEW** Wellness vendor & **NEW** process for completing Wellness initiatives
- Consent Page Response



Wellness Changes

Medical Premium Reductions

NOW BUNDLED!

- ❖ Receive \$40 per month
 - **❖** Complete **BOTH**Health Assessment and Biometric Screening
- ❖ Receive \$60 per month
 - ❖ Complete <u>ALL THREE</u>
 Health Assessment, Biometric Screening
 <u>AND</u> complete & pass the Non-Tobacco
 User Screening

Non-Tobacco User Screening

❖ ONLY if not previously completed & passed





Other Changes

Valid Social Security Number Required

- ❖ Required for every employee and each covered dependent age 1 and older
- **❖** Alternate ID Numbers being discontinued

Dual Coverage

Prohibited on all County benefit plans for employees and dependents

Benefits Termination Date

Effective 'last day of the month in which benefits ineligibility occurs'.



Other Changes

Benefits Continuation

❖ While on Approved Leave of Absence (LOA)

Leave Type	Maximum Period of Benefits Continuation with Employee Paying Only the Employee Portion of Premium *
Military	12 months
FMLA	FMLA period
Non-FMLA	2 months

*In a rolling 12-month period





Medical Rate Sheets

Combined Medical, Pharmacy, Behavioral Health **Full-time Active Employee**

Plan	Tier	Monthly Premium	Monthly Premium With Premium Reductions
	Employee	80.28	20.28
Cigna HMO	Employee + Spouse	149.46	89.46
Cigila fililo	Employee + Child(ren)	120.60	60.60
	Employee + Family	205.50	145.50
UnitedHealthcare	Employee	103.00	43.00
	Employee + Spouse	219.28	159.28
PPO	Employee + Child(ren)	183.62	123.62
	Employee + Family	305.50	245.50
UnitedHealthcare HDHP w/ H.S.A.	Employee	65.46	5.46
	Employee + Spouse	85.38	25.38
	Employee + Child(ren)	76.48	16.48
	Employee + Family	112.82	52.82



Medical Rate Sheets

Combined Medical, Pharmacy, Behavioral Health **Part-time Active Employee**

Plan	Tier	Monthly Premium	Monthly Premium With Premium Reduction
	Employee	348.22	288.22
Ciana UMO	Employee + Spouse	667.52	607.52
Cigna HMO	Employee + Child(ren)	548.86	488.86
	Employee + Family	877.22	817.22
	Employee	370.94	310.94
UnitedHealthcare	Employee + Spouse	737.34	677.34
PPO	Employee + Child(ren)	611.88	551.88
	Employee + Family	977.24	917.24
	Employee	333.40	273.40
UnitedHealthcare HDHP w/ H.S.A.	Employee + Spouse	603.44	543.44
	Employee + Child(ren)	504.74	444.74
	Employee + Family	784.54	724.54



Vision Rate Sheets

Plan	Tier	Monthly Full-time Employee Premium	Monthly Part-time Employee Premium
	Employee	1.32	4.06
Avesis	Employee + Spouse	2.90	7.96
	Employee + Child(ren)	2.18	7.68
	Employee + Family	3.90	11.86

Pay Period Premium (Multiplier x Annual Base Salary) / 24 Pay Periods



Dental Rate Sheets

Plan	Tier	Monthly Full-time Employee Premium	Monthly Part-time Employee Premium
	Employee	4.56	6.28
Cigna (DHMO) – Prepaid	Employee + Spouse	8.58	11.04
	Employee + Child(ren)	11.18	14.96
	Employee + Family	12.88	17.46
Cigna (PPO) - Self Insured	Employee	14.94	23.82
	Employee + Spouse	32.86	52.46
	Employee + Child(ren)	35.60	56.76
	Employee + Family	45.78	72.92
Delta (PPO) - Fully Insured	Employee	23.24	32.12
	Employee + Spouse	51.18	70.78
	Employee + Child(ren)	55.40	76.56
	Employee + Family	71.38	98.52



Life Insurance Rate Sheets

Life Insurance	Age	Monthly Total Premium per \$1000	Monthly Employee Premium Per \$1000
Employee Additional ADD 1X Salary/\$1000		0.020	0.020
Family Additional ADD 2X Salary/\$1000		0.035	0.035
Dependent Child Life /\$5,000		0.100	0.100
Additional - Non-Smoker	Under 25	0.032	0.032
Additional - Non-Smoker	25-29	0.38	0.38
Additional - Non-Smoker	30-34	0.050	0.050
Additional - Non-Smoker	35-39	0.056	0.056
Additional - Non-Smoker	40-44	0.074	0.074
Additional - Non-Smoker	45-49	0.120	0.120
Additional - Non-Smoker	50-54	0.184	0.184
Additional - Non-Smoker	55-59	0.312	0.312
Additional - Non-Smoker	60-64	0.528	0.528
Additional - Non-Smoker	65-69	0.76	0.760
Additional - Non-Smoker	70 and older	1.408	1.408
Additional - Smoker	Under 25	0.052	0.052
Additional - Smoker	25-29	0.056	0.056
Additional - Smoker	30-34	0.064	0.064
Additional - Smoker	35-39	0.109	0.109
Additional - Smoker	40-44	0.155	0.155
Additional - Smoker	45-49	0.308	0.308
Additional - Smoker	50-54	0.567	0.567
Additional - Smoker	55-59	0.578	0.578
Additional - Smoker	60-64	0.896	0.896
Additional - Smoker	65-69	1.096	1.096
Additional - Smoker	70 and older	1.800	1.800



Short Term Disability Rate Sheets

Pay Period Premium (Multiplier x Annual Base Salary) / 24 Pay Periods

OPEN ENROLLMENT APRIL 13 - MAY 8, 2015

Short Term Disability Coverage - Employee Only	Multiplier
40%	0.0028
50%	0.0044
60%	0.0084



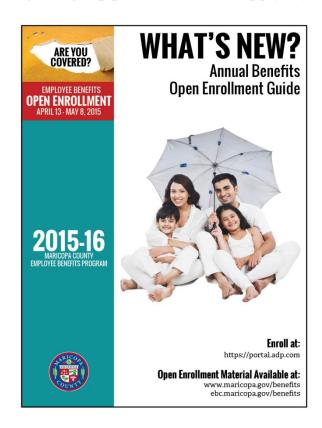


Tools & Resources

EMPLOYEE BENEFITS HOME PAGE

➤ **NEW:** Coming Soon

2015-16 What's New? booklet





Tools & Resources

- Information available on Benefits Home Page
 - Open Enrollment Tab

❖ EBC Intranet and Internet

http://ebc.maricopa.gov/benefits http://www.maricopa.gov/benefits

❖ Cigna Pre-Enrollment Line: 800-564-7642

United Healthcare dedicated phone line: 888-876-7098



Tools & Resources

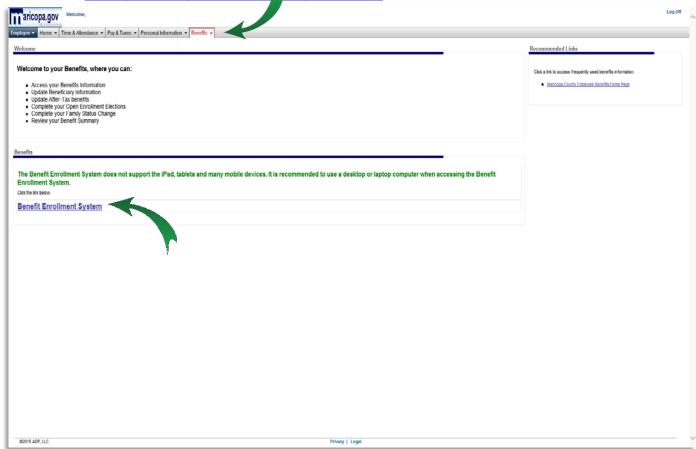
- Mobile App by Most Vendors
 - ❖ Allows provider search, claims and coverage, and ID card access
- Class/webinars about the UnitedHealthcare HDHP with H.S.A.
- ❖ Benefits Fairs April 7th, 8th, and 9th
- Technical support or User Login/Password
 - **❖** Resets contact the OET Customer Service Center at 506-HELP



Tools & Resources

Benefit Enrollment System/Benefits Tab

https://portal.adp.com







Benefit Enrollment System

- **❖** Request for Social Security Numbers
 - **❖** You and your covered dependents
 - **❖ IRS 1095-C**

EMPLOYEE BENEFITS **OPEN ENROLLMENT APRIL 13 - MAY 8, 2015**

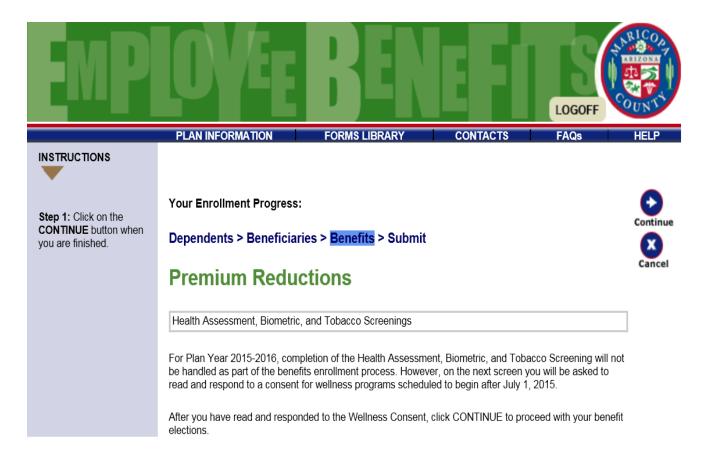


- ❖ ReliaStar Life Insurance
 - ❖ Evidence of Insurability (EOI) mailed directly to your home address in ADP



Benefit Enrollment System

Notice that Premium Reduction Process has changed





Benefit Enrollment System



INSTRUCTIONS

sent to StayWell.

Maricopa County has a new Wellness Services Administrator - StayWell. Read the Wellness Consent and indicate whether you consent to having your information

Your Enrollment Progress:

Dependents > Beneficiaries > Benefits > Submit

Wellness Vendor Consent

Authorization for Maricopa County to Release Information to StayWell Health Management.

In order to qualify for wellness incentives, such as medical premium reductions, and participate in certain Maricopa County wellness programs, information about you will need to be exchanged between Maricopa County and its wellness services administrator, StayWell Health Management ("StayWell").

By clicking the "I Agree" button below, I authorize Maricopa County to send the following information about me to StavWell in order to accomplish the purpose of administering biometric and tobacco screenings, health assessments, and wellness related programs and benefits; employee name, address, gender, date of birth, employee I.D. number, and information necessary to verify my eligibility for wellness incentives. I understand such information will be kept confidential as between Maricopa County and StayWell.

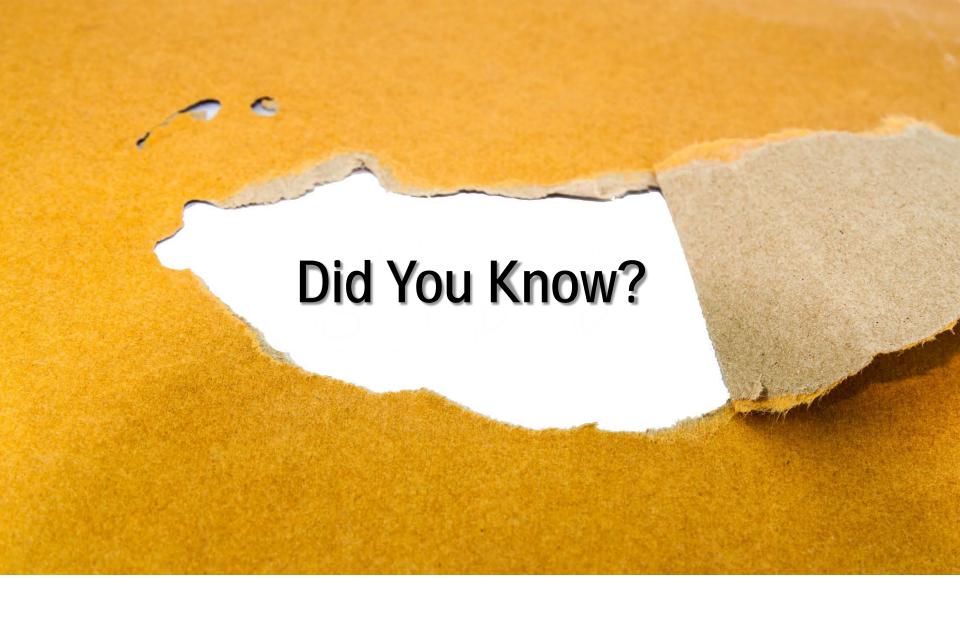
My consent will remain effective from the date I click the "I Agree" button through such time that I am no longer enrolled in a County-sponsored medical plan, unless I revoke it in writing and deliver my consent revocation to the Employee Benefits Division.

Plan Options	
	Option
0	I Agree
0	I Decline











Did You Know?

Cigna HMO

- 23 CMG locations through the valley, most offering onsite lab draws, pharmacy, and other services
- Patients consistently rate satisfaction at 95% or better
- Experience the CMG with a virtual tour at www.cignamedicalgroup.com

UnitedHealthcare PPO and HDHP with H.S.A.

- myHealthcare Cost Estimator available at www.myuhc.com allows members to check costs of various treatment options
- Health4Me free iPhone and Android Mobile App that provides access to provider directories, view claims summary, and other UHC resources

Catamaran

• With new prescriptions, Catamaran's Specialty Pharmacy — BriovaRx - gives patients the option to chat with a pharmacist through a face-to-face consultation via FaceTime or Skype

Delta Dental

 New ID cards will be issued with a system-generated Assigned Dental Number (ADN)



Did You Know?

Magellan Health Services

Downloadable web-based confidential therapy models available via the Magellan website at no cost addressing depression, insomnia, pain, stress, substance abuse, etc

ReliaStar Life Insurance

 Waiver of Premium benefit allows an employee to forgo paying the premium for Additional Life coverage if employee is totally disabled prior to 60th birthday and ReliaStar approves their disability as qualifying





Open Enrollment Timeline

Important Open Enrollment Events

Dates	Event
March 27 - April 7	"What's New With Your Benefits?" Meetings
March 31	High Deductible Health Plan w/ H.S.A. Webinar
April 2	High Deductible Health Plan w/ H.S.A. Meeting
April 7, 8 & 9	Benefits Fairs
April 8	Open Enrollment Worksheets Mailed Out
April 13	Open Enrollment Begins at 8:00 am
May 8	Open Enrollment Ends at 5:00 pm
May 18	Confirmation Statements Mailed Out
July 1	New Benefit Become Effective
July 6 – August 5	Dependent Verification Process
July 7 – August 28	Wellness Screenings for Premium Reductions



ACTIVE Open Enrollment

Important Dates

- Open Enrollment April 13—May 8
- Health Assessment, Biometric and Non-Tobacco User Screenings After July 1, 2015

"Active" Open Enrollment

- Employees must take action
- Defaults to Employee-only coverage
 - ☐ Cigna HMO Plan
 - ☐ Catamaran Co-Insurance Prescription Plan
 - ☐ Magellan Behavioral Health Plan



ACTIVE Open Enrollment

New Hires or Family Status Changes Before April 13th

- ❖ Access the ADP portal at https://portal.adp.com
- Complete benefit elections or changes for the current plan year which ends June 30, 2015
- ❖ Go back into the ADP Portal on or after April 13th May 8th to make Open Enrollment benefit elections for Plan Year 2015-2016

On or After April 13th

- Access the ADP portal at https://portal.adp.com
- Complete benefits elections or changes which end June 30, 2015
- Click "Submit" and move to the "Rollover" screen
- Click "Continue" to complete Plan Year 2015-2016 benefit elections at the same time

You <u>Must</u> Take Action for PY 2014-15 and PY 2015-16 To Avoid Enrollment In Default Coverage!



What Employees Must Do

- **❖** Update home address in ADP system
- **❖** Review Open Enrollment Worksheet & Material
- **❖** Attend benefits meetings and/or trainings
- **❖** Access ADP Portal during Open Enrollment:
 - ✓ <u>Make elections or waive coverage</u>
 - ✓ Re-enroll eligible dependents
 - ✓ Provide SSN for each covered dependent
- Update beneficiaries
- ❖ Submit Evidence of Insurability (EOI) for life insurance, if applicable
- **❖** Respond to Dependent Verification Audit



Dependent Verification Audit

Dependent Verification Timeline

July 6, 2015

Dependent Audit begins. Dependent Verification Letters are mailed to employees.

July 21, 2015

Reminder Letters are mailed to employees.

August 5, 2015

Dependent Audit ends.

August 12, 2015

Final outcome letters are mailed to employees.

August 25, 2015

Confirmation Statements are mailed to employees showing dependents were dropped.

Note: Dependents who had been previously approved as eligible for coverage **AND** who had coverage (medical, vision, and/or dental) in Plan Year 2014-15 will not be re-audited.



ACTIVE Open Enrollment

Open Enrollment Begins: April 13,2015

Open Enrollment Ends: May 08, 2015

Everyone must Take Action!

Questions?

EMPLOYEE BENEFITS

OPEN ENROLLMENT
APRIL 13 - MAY 8, 2015